

CHAPTER 11-62 FORM B  
WASTEWATER SLUDGE PUMPING AND HAULING REPORT  
Revised 4/8/2005

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

YOUR COMPANY NAME: \_\_\_\_\_

Registration Number: \_\_\_\_\_

VEHICLE LICENSE \_\_\_\_\_

DATE OF PICKUP/ PUMPING	FACILITY OR OWNER'S NAME (SOURCE)	STREET NUMBER	STREET NAME	UNIT #	ZIP CODE	TMK (IF NO ADDRESS ASSIGNED)	VOLUME PUMPED (PICKUP AMOUNT ) (gallons)	WASTE TYPE (Grease, Septage, Sludge, Special Waste, etc)	DATE OF DISPOSAL (Discharge Date)	DISCHARGE TIME	DISCHARGE AMOUNT (gallons)	DISPOSAL SITE (Discharge Site)	DRIVER INITIALS